

Rec'd PCT/PTO 10 JAN 2005

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE		
						10/520907			
						APPLICANT(S)			
						7-15-05 CLAIMS			
	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
1	/	/	/	/	/	51			
2	/	/	/	/	/	52			
3	/	/	/	/	/	53			
4	/	/	/	/	/	54			
5	/	/	/	/	/	55			
6	/	/	/	/	/	56			
7	/	/	/	/	/	57			
8	/	/	/	/	/	58			
9	/	/	/	/	/	59			
10	/	/	/	/	/	60			
11	/	/	/	/	/	61			
12	/	/	/	/	/	62			
13	/	/	/	/	/	63			
14	/	/	/	/	/	64			
15						65			
16						66			
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41						91			
42						92			
43						93			
44						94			
45						95			
46						96			
47						97			
48						98			
49						99			
50						100			
TOTAL IND.	1	↓	1	↓	↓	TOTAL IND.	↓		
TOTAL DEP.	13	←	13	←	←	TOTAL DEP.	←	←	
TOTAL CLAIMS	14		14			TOTAL CLAIMS			